North Carolina HIE
Clinical/Technical Operations Workgroup
June 23, 2010 Meeting Notes

The North Carolina Health Information Exchange (NCHIE)'s Clinical/Technical Operations Workgroup's second meeting was held from 11:30 a.m. - 2 p.m. on Wednesday, June 23, 2010. The public was invited to attend.

Meeting Attendees – Workgroup Members	
Name	**Organization**
Dobson, Allen (Co-Chair)	Community Care of North Carolina
Kichak, J.P. (Co-Chair)	UNC Healthcare
Alexander, Ben	WakeMed
Cykert, Sam	AHEC, Moses Cone
Fenton, Michael	NC State CIO's Office
Helm-Murtagh, Susan	BCBSNC
McNeice, Keith	Carolinas Healthcare System
McNeill, John A. ("Sandy")	North Carolina Health Facilities Association
Spencer, Don	Community Care of NC at UNC
Taylor, Angela	NC Department of Health and Human Services
Torontow, John	Piedmont Health Services
Meeting Attendees – Members of the Public	
Cline, Steve (Board Member)	NC Department of Health and Human Services
Anderson, Holt	NCHICA
Bell, Mark (Finance Workgroup)	North Carolina Hospital Association
Laposata, Wendy	NCHICA
O'Neill, Missy	IBM
Sydner, Patina	MMIS, NC Department of Health and Human Services
Staff	
Alan Hirsch	NCHIE
Anita Massey	NCHIE
Sandra Ellis	NCHIE
Lammot du Pont	Manatt Health Solutions
Tim Kwan	Manatt Health Solutions
Brenda Pawlak	Manatt Health Solutions
Allison Garcimonde	Manatt Health Solutions

Agenda

- Welcome and Roll Call
- Workgroup Charter and Principles
- Statewide HIE Approaches
- Clinical Functions
- HIE Service Analysis
- Public Comment and Next Steps

Items of Business

- **Please refer to June 23rd Technical/Clinical Operations Workgroup Meeting Slide Deck.**

Update on Board and Other Workgroup Activities:

- The Workgroup reviewed the decisions emerging from the June 28 Board meeting. During the meeting, the Board endorsed the Workgroup's recommendation to narrow the field of statewide HIE approaches from four options to two. The Board concurred that Option 1, which proposed to rely only on national standards to facilitate statewide HIE, was insufficient and that Option 4, the creation of a single, centralized statewide HIE that operated and managed all exchange, was too cumbersome and unacceptable given North Carolina's geographic diversity and health delivery complexity.
- The Legal and Policy Workgroup was eager for the Clinical and Technical Workgroup to specify the types of transactions and data the HIE will cover as this will impact consent policy.
- It was noted that the data collection needs will be coordinated across the Workgroups.

Workgroup Charter:

- The Workgroup chairs noted that the revised Charter for the Clinical and Technical Workgroup was circulated with the meeting materials.
- The Workgroup chairs asked the members to make any comments or request changes to the Charter by Friday, June 25.

Clinical Principles:

- The Workgroup members discussed the clinical principles for the NCHIE and advanced the following recommendations:
    - Principle 1. "The HIE solution must be consumer-centered." APPROVED.
    - Principle 2. "Better health, and better health outcomes, not just better healthcare, must be the goal." APPROVED pending the inclusion of additional text to reflect care improvement and the value of clinical decision-making tools at the point of care as part of the technical.
    - Principle 3. "HIT investments must support improved individual health as well as population health." APPROVED.

- Principle 4. "HIT capacity is based on a commitment to supporting the delivery of the right care, at the right time and in the right setting." APPROVED.
- Principle 5. "The HIE should be designed to maximize value for all participants." APPROVED.
- Principle 6. "All providers will report the required minimum data set to the NC HIE." The Workgroup recommended that "report" be changed to "submit" for clarity…otherwise APPROVED.
- Principle 7. "Data will be made available for biomedical research purposes." APPROVED.

Technical Principles:

- The Workgroup members discussed the clinical principles and advanced the following recommendations:

  - Principle 1. "The system must be standards based, and maintainable in a cost effective manner." The Workgroup recommended that standards refer to federal or national standards …otherwise APPROVED.
  - Principle 2. "This is a marathon not a sprint." APPROVED.
  - Principle 3. "HIT and HIE investments must support improved individual health as well as population health." APPROVED.
  - Principle 4. "Statewide HIE specifications should be vendor neutral, allowing for implementation in the widest range of standards-based and interoperable hardware and software solutions." APPROVED.
  - Principle 5. "Design a statewide HIE system that is consistent, repeatable and re-usable across participating systems." APPROVED.

Statewide HIE Approaches:

- The Workgroup discussed the two remaining options for statewide HIE.

  - Option 2 - Statewide Technical Architecture: This option includes: (a) reliance on nationally-recognized standards; and (b) a multi-stakeholder group defines technical architectural requirements and implementation guidelines, including specific standards implementations to enable broad interoperability, and establishes standards and protocols for HIE functions.

  - Option 3 - Hosted, Shared HIE Services: Building on Option 2, this option includes: (a) reliance on nationally-recognized standards; (b) a multi-stakeholder group defines technical architectural requirements and implementation guidelines, including specific standards implementations to enable broad interoperability, and establishes standards and protocols for HIE functions; and *(c) the creation of specific hosted services that would be offered for consumption for stakeholders.*

- The key distinguishing feature between the remaining options is that while a Statewide Technical Architecture only specifies how an entity can perform a function, the Hosted, Shared HIE Services approach builds and deploys services.

- The Workgroup explored the choice within the context of how patient matching would be achieved:
    - In a Statewide Technical Architecture, patient matching is achieved by existing Master Person Indexes (MPI) using a set of standards to allow any other system to query them so that they can respond with identifiers, while security layers control access to available data.
    - In a Hosted, Shared Services approach, patient matching is achieved through edge systems' MPIs ability to access to a service that resolves patient identities.

- The Workgroup expressed concerns that the Statewide Technical Architecture approach's reliance on participants' ability to create the needed functionality could slow adoption and "leave certain providers behind." On the other hand, while the Hosted, Shared Services approach deploys a solution and offers quicker integration, there could be issues of higher costs in this model.

- The Workgroup advanced a recommendation to pursue a Hosted, Share Services Approach with the following considerations:
    - Ensure the approach aligns with the agreed upon Clinical and Technical Principles.
    - Conduct a thorough analysis of each service and the NC HIE landscape to ascertain 1) at what level a HIE service should occur and 2) the value of various services to particular stakeholder groups. This analysis should reveal which services are best left to the local and regional levels and which services would be ideally hosted for utilization statewide, as well as demonstrate the value proposition for various stakeholder groups for each potential statewide service.

<u>Clinical Functions:</u>

- The Workgroup reviewed three approaches for framing clinical functions: (1) Use Cases, (2) Disease Conditions; (3) Clinical Delivery Models. Workgroup members suggested that clinical functions be framed around clinical delivery aspirations, particularly around patient-centered medical home, continuity of care, and Accountable Care Organization models, all of which have been important objectives in the North Carolina care improvement efforts.

- Members emphasized that in addition to the sample functions listed in the presentation, the Workgroup should also consider:
    - Patient dissemination and direct patient engagement as part of the clinical functions.
    - Population health and aggregation for reporting and research.

- The Workgroup then reviewed a matrix that identified the services that would be called upon to support various clinical functions. The members approved of this approach and recommended that a more detailed analysis be built using this methodology.

HIE Service Analysis:

- The members reviewed the services that operational HIEs have deployed and the implementation sequence that statewide HIEs are currently proposing.

- The Manatt team noted that State's HIE Operational plans submitted to ONC vary in terms of sequence of HIE services, but some patterns are emerging. In particular, delivery of clinical results, support for medication management, and exchange of summary records appear to be "low hanging fruit." The members requested that the research team also assess the extent to which eligibility check would be a viable statewide HIE service.

- The members recommended that sequencing consider two contexts: clinical/business requirement level (i.e., mapping to Meaningful Use) and the prerequisite services needed to support other value-added services.

- Members also requested a matrix illustrating the value proposition for various stakeholder groups for each service.

Public Comment and Next Steps:

- A comment was made that the discussion focused on clinical implementation, but appeared to under-represent the need to orient the system to the consumer and patients. The members promised to keep the consumer focus in consideration and acknowledged that much of the discussion was centered on patient care. The public commenter noted that the HIE services and clinical functions being considered should be selected and prioritized based on consumer/patient needs in accessing the health care system. Another commenter responded that while consumers may not necessarily choose the types of HIE services being considered if they were asked which services they believe would bring value (e.g., clinical results delivery, medication management, etc.), that may be because in many cases consumers mistakenly believe that many of these proposed functions already exist.

- One member of the public asked if Open Source solutions were considered in the RFPs for statewide HIE. The research team responded that the RFPs they have reviewed mentioned Open Source as a viable approach, but not a requirement.

Key Decisions

- The Workgroup advanced a recommendation to pursue a Hosted, Shared Services Approach with the following considerations:
    - Ensure the approach aligns with the agreed upon Principles.
    - Conduct a thorough analysis of each service and the NC HIE landscape to ascertain 1) at what level a HIE service should occur and 2) the value of various services to particular stakeholder groups. This analysis should reveal which services are best left to the local and regional levels and which services would be ideally hosted for utilization statewide,

as well as demonstrate the value proposition for various stakeholder groups for each potential statewide service.

- The Workgroup agreed to define clinical functions then explain how the technical components for HIE support the clinical functions.

- The Workgroup agreed to develop an implementation sequence by assessing and prioritizing each HIE service along its clinical and operational dimensions.

- The Workgroup recommended that the expanded list of candidate HIE services consider meaningful use implications.

Outstanding Issues

- None identified.

Action Items/Next Steps

- Manatt to ensure the Hosted, Shared HIE Services approach aligns with the recommended principles.
- Manatt will coordinate and begin data collection on the existing health IT, HIE, and clinical delivery landscape in North Carolina.
- Workgroup members should send any background materials on their systems' capabilities to Anita.
- Manatt will refine clinical function matrix and develop detailed clinical function to HIE service overview.
- Manatt will create matrix that maps clinical value of various services to stakeholder groups.

NEXT MEETING:

- Review "strawperson" statewide HIE infrastructure.
- Refine HIE service definitions and discuss specific use cases in light of final Meaningful Use criteria.
- Recommend core services and candidate value-added services.

Next Meeting

- The Technical/Clinical Operations Workgroup will next meet on July 8th from 11:30am – 2:00pm.
  - Location for in-person attendees: North Carolina Hospital Association
  - Dial-in information for those wishing to participate via phone:
    - 1-866-922-3257, Participant code: 654 032 36#